



Military Abortion Information for Health Care Providers



What is the Navy Policy on Abortion Services?

- By law, elective abortion services cannot be performed in military medical treatment facilities nor can federal funds be used to pay for this service.
- Abortion can be performed with the use of federal funds (ie, at a military medical treatment facility or if it cannot be done at a military medical treatment facility, in a civilian facility covered by Tricare) in cases of rape, incest, or for life of the pregnant woman.
- The health care provider may determine (good faith belief) that the pregnancy was the result of rape or incest; if later, it is determined that the pregnancy was not found to be the result of rape or incest (such as if it went to trial), the provider is not held liable for the use of federal funds if they made a good faith determination.
- Abortion services must be provided within 7 days from when the patient presents.
- Privacy must be kept for the patient (the chain of command does not need to be notified) in the case of rape or incest if the patient wishes to file a restrictive report.
- Providers can refuse on moral grounds to perform an abortion if they are uncomfortable, but must immediately refer to another provider. If they are the only provider available and the life of the pregnant woman is at risk, they are obligated to perform the procedure.
- If overseas, the military medical treatment facility must follow the country's abortion policies/laws.
- If the military medical treatment facility cannot perform the procedure, the facility must refer the patient to a facility (civilian) that can perform the procedure.

What is TRICARE Policy Regarding Abortion Services?

TRICARE covers abortions only when:

- The pregnancy is the result of an act of rape or incest. A physician must note in the patient's medical record that it is their good faith belief, based on all available information, that the pregnancy was the result of an act of rape or incest.
- The life of the pregnant woman is at risk. The physician must certify that the abortion was performed because the life of the pregnant woman would be endangered if the fetus were carried to term.
- TRICARE also covers medical and/or [mental health](#) services related to the covered abortion.

Your patient can get covered abortions from TRICARE-authorized providers including:

- Hospital outpatient departments
- Freestanding ambulatory surgery centers
- Individual providers

TRICARE doesn't cover:

- Services and supplies related to a non-covered abortion
- Counseling, referral, preparation and follow-up for a non-covered abortion
- Abortions for fetal abnormality or for psychological reasons



Why Can't Military Medical Facilities Perform or Fund Elective Abortions?

U.S. Code 1093, states that no Department of Defense (DoD) facility or funds may be used for abortion except when the life of a woman is at risk; or if a pregnancy is the result of rape or incest

How much does an elective abortion cost?

In 2011–2012, the median cost of a surgical abortion at 10 weeks' gestation was \$495, and an early medication abortion cost \$500.

How does the abortion pill work?

"Abortion pill" is the popular name for **medical abortion or medication abortion**, which involves the use of oral mifepristone and misoprostol. The health care provider administers the first pill, mifepristone, which inhibits progesterone, at the clinic. The second medication, misoprostol, which causes cramping and bleeding to empty the uterus, is taken by the patient 24-48 hours later at home.

How effective is the abortion pill?

Medical abortion is 98% effective for patients who are 8 weeks pregnant or less; about 96% at 8-9 weeks; and 93% at 9-10 weeks. Providers may perform an in-clinic abortion in cases where medical abortion is ineffective.

When is medical abortion initiated?

Medication abortion may be initiated up to 70 days (10 weeks) after the first day of the patient's last period. If it has been 71 days or more since the first day of her last period, in-clinic abortion services should be offered.

Why do patients typically prefer Medical Abortion?

The patient may prefer medical abortion over an in-clinic abortion because of the non-invasive and relatively private nature of medical abortion. Because medication abortion is similar to a miscarriage, many patients feel it's more "natural". The health care provider should discuss all options with the patient to determine the preferred option.

What are the types of in-clinic abortions?

In-clinic abortion works by extracting the fetus from the uterus. Vacuum aspiration is the most common type of in-clinic abortion. It uses gentle suction to empty the uterus and is typically used until about 14-16 weeks after the patient's last period.

Dilation and Evacuation (D&E) is another option, which is typically used if it has been 16 weeks or longer since her period.

How effective are in-clinic abortions?

In-clinic abortions are over 99% effective. Repeat procedures may be done when needed.

Why do patients choose an in-clinic abortion?

Some patients prefer an in-clinic abortion because they want to have their procedure at a health center, with nurses, doctors, and trained support staff there the whole time. In-clinic abortions are also much faster than the abortion pill: most in-clinic abortions only take about 5-10 minutes, while a medication abortion may take up to 24 hours to complete. With an in-clinic abortion, it may be possible to get sedation for the procedure.



When can an abortion be initiated – How late can it be offered?

Some providers offer abortion services at any time after the positive pregnancy test. Others prefer to wait until 5-6 weeks after the first day of the patient's last period. How late in the pregnancy an elective abortion can be offered depends on the laws in State in which the patient seeks services and may vary with the service provider. Because some providers may not offer the service after the 12th week, the patient should be counseled to explore her options as soon as possible.

What if an active duty patient presents at a Military Medical Treatment Facility with a medical complication from an abortion procedure?

The Military Medical Treatment facility would treat that complication; the service member would be covered for "treatment of unfortunate sequelae" under TRICARE Policy Manual, Ch. 4, Sec. 1.2, or expected/unexpected complications after a non-covered procedure / treatment provided in a Military Medical Treatment Facility.

Does a service member have to notify their chain of command about her pregnancy or abortion?

Per SECNAV Instruction 1000.10A (September 9, 2005), a servicewoman who suspects she is pregnant is responsible for promptly confirming her pregnancy through testing by an appropriate medical provider and information her commanding officer of confirmation. However, if the pregnancy is due to rape or incest and the patient files a restricted report, she does not have to disclose the pregnancy to her command.

Post-Abortion Contraception (Spontaneous or Induced) (sources: U.S. MEC and CDC 2016 Selected Practice Guidelines).

Depo Provera

- Timing: The first DMPA injection can be given within the first 7 days, including immediately after the abortion (U.S. MEC 1).
- Need for back-up contraception: The woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days unless the injection is given at the time of a surgical abortion

Nexplanon subdermal contraception

- Timing: The implant can be inserted within the first 7 days, including immediately after the abortion (U.S. MEC 1).
- Need for back-up contraception: The woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days unless the implant is placed at the time of a surgical abortion.

Intrauterine Device

- Timing: The LNG-IUD can be inserted within the first 7 days, including immediately post-abortion (U.S. MEC 1 for first-trimester abortion and U.S. MEC 2 for second-trimester abortion). The LNG-IUD should not be inserted immediately after a septic abortion
- Need for back-up contraception: The woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days unless the IUD is placed at the time of a surgical abortion.

Oral Contraceptive Pills

- Timing: Combined hormonal contraceptives can be started within the first 7 days following first-trimester or second-trimester abortion, including immediately post abortion (U.S. MEC 1).
- Need for back-up contraception: The woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days unless combined hormonal contraceptives are started at the time of a surgical abortion.

Resources:

Abortion services finder - Bedsider.org - https://www.bedsider.org/where_to_get_it (under "select a health center", enter your zip code, city or state, then under "show health centers with..." check "abortion services available")



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U.S. Selected Practice Recommendations for Contraceptive Use, 2016 (CDC) - https://www.cdc.gov/mmwr/volumes/65/rr/rr6504a1.htm?s_cid=rr6504a1_w

U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 (CDC) - https://www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm?s_cid=rr6503a1_e

Planned Parenthood education for patients and providers - <https://www.plannedparenthood.org/learn/abortion>

ACOG handout for patients - <https://www.acog.org/Patients/FAQs/Induced-Abortion>

National Abortion Federation - <https://prochoice.org/>

Guttmacher: state laws on abortion including minors - http://www.guttmacher.org/statecenter/spibs/spib_OAL.pdf

U.S. Navy maternity and leave policy - <https://www.navy.mil/blogs/navadmin-046-16>

TRICARE Abortion Coverage - <https://tricare.mil/CoveredServices/IsItCovered/Abortions>

TRICARE Policy Manual 6010.60-M (April 1, 2015) Chapter 2, Sec 18.3, Abortions

http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=TP15&Change=15&Type=AsOf&Filename=C4S18_3.PDF&highlight=xml%3dhttp%3a%2f%2fmanuals.tricare.osd.mil%2fpages%2fPdfHighlighter.aspx%3fDocId%3d4790%26Index%3dD%253a%255cIndex%255cTP15%26HitCount%3d24%26hits%3d11%2b4f%2b6d%2bca%2bea%2bec%2b103%2b10e%2b13f%2b173%2b1b9%2b1e5%2b1eb%2b1f1%2b280%2b28d%2b293%2b29a%2b2b5%2b2da%2b2dd%2b2e8%2b2eb%2b35c%2b

Summary of abortion access/laws around the world - <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/AbortionMap2014.PDF>

CDC : 2014 Abortion Statistics - https://www.cdc.gov/mmwr/volumes/66/ss/ss6624a1.htm?s_cid=ss6624a1_w

List of places that provide abortion in the United States - http://www.abortion.com/abortion_clinics_country.php?country=United+States

NARAL Pro-Choice America resources available on State Legislation www.prochoiceamerica.org

Reproductive rights law and policy www.reproductiverights.org/resources

Abortion Care Network – abortion provider resources www.abortioncarenetwork.org

BUMED INSTRUCTION 6300.16A (Navy Abortion Policy 2014) - <http://www.med.navy.mil/directives/ExternalDirectives/6300.16A.pdf>

SECNAV INSTRUCTION 1000.10A) NAV MAN MED Chapter 15, Article 15-112 (states "Abortion services available for Servicewomen who are pregnant as a result of an act of rape or incest"):

<https://doni.documentservices.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-01%20General%20Military%20Personnel%20Records/1000.10A.pdf> (

Health and Human Services Conscience Protections for Health Care Providers; resources for providers who have moral objections to perform or accommodate certain services

[http://www.med.navy.mil/directives/Documents/NAVMEDEV%20P-117%20\(MANMED\)/Chapter%2015%20Medical%20Examinations%20\(incorporates%20Changes%20126%20128%20135-140%20144%20145%20147%20150-152%20154-156.159%20and%20160%20below\).pdf](http://www.med.navy.mil/directives/Documents/NAVMEDEV%20P-117%20(MANMED)/Chapter%2015%20Medical%20Examinations%20(incorporates%20Changes%20126%20128%20135-140%20144%20145%20147%20150-152%20154-156.159%20and%20160%20below).pdf)

<https://www.hhs.gov/conscience/conscience-protections/index.html> (

Planned Parenthood Federation of America, Inc. www.plannedparenthood.org; (800) 230-PLAN (230-7526); (800) 287-8188; (802) 448-9700

ProChoice.org – Find a provider <https://prochoice.org/think-youre-pregnant/find-a-provider/#tab-fb4a1f16dbf58ba10d8>

National Abortion Federation - referrals to member clinics in the U.S. and Canada: Referral hotline: 1877-257-0012 - <https://prochoice.org/think-youre-pregnant/naf-hotline/>

- Financial assistance: 1-800-772-9100
- Fetal anomaly, require specialized later abortion care, or are a medical professional looking for a referral 1-877-257-0012.

Adoption

- Adoption Resources from health.gov: <https://choicenetworkadoptions.com/>
- AdoptUSKids: (888) 200-4005; (877) 236-7831 (Spanish)
- Bethany Christian Services: (800) 238-4269 (Crisis Hotline)
- Child Welfare Information Gateway: (800) 394-3366
- National Adoption Center: (800) TO-ADOPT (862-3678)

More Web-based Resources: NMCPHC-SHARP Abortion Information page at:

<http://www.med.navy.mil/sites/nmcpHC/health-promotion/reproductive-sexual-health/Pages/Abortion-Information.aspx>

